



WORCESTERSHIRE COUNTY COUNCIL.

ANNUAL REPORT OF THE COUNTY MEDICAL OFFICER  
FOR THE YEAR 1945.

TO THE CHAIRMAN AND MEMBERS OF THE PUBLIC HEALTH  
AND HOUSING COMMITTEE.

Mr. Adam, Ladies and Gentlemen,

I have the honour to present my Annual Report on the health of the County for the year 1945. The delay in publication is due to the late receipt of the Registrar General's statistical returns and to pressure of work in other directions. I shall endeavour in future to present the report earlier, as much of the interest is lost when the period covered by the report is so long past.

VITAL STATISTICS.

The unexpectedly good figures (which are accepted as indications of health conditions) during the War years, were again maintained in 1945.

The birth rate, 18.2 per thousand, is somewhat lower than in 1944; this drop has not resulted in any appreciable reduction in the demand for maternity home beds. This latter circumstance is due to housing difficulties. Although the County Council is not a general Housing Authority there can be no doubt that housing constitutes the major acute problem to-day with its repercussions on County Services such as Hospitals, Sanatoria and Maternity Homes.

The infant mortality rate 43, whilst not a record, is not unsatisfactory; the rate in Oldbury Borough 34, is again outstandingly good.

The death rate of mothers following on child bearing, 1.19 per thousand births, is almost a record for the county, whilst the still-birth rate, 26 per thousand births, is another index which confirms the hope raised in comparable figures of recent years that permanent improvement has at last occurred.

The death rate, 11.4, is slightly higher than in 1944.

The welcome relief following the end of the War, has not resulted in any diminution in the day to day problems encountered. Shortage of Staff, in particular nurses, is well known to every member of the Committee ; Worcestershire has experienced and is experiencing great difficulty in this connection. It became necessary during the latter months of 1945 to close a section of the beds at Knightwick Sanatorium, this step being taken most reluctantly owing to the long waiting list of patients which has existed since the onset of the War.

Much thought has been given to future plans to deal with these shortcomings, three of which it is hoped will materialise in the not too distant future :—

1. A General Hospital at Bromsgrove to be administered in conjunction with the Birmingham United Hospital.
2. A Sanatorium at Malvern to meet the needs of Worcestershire, Warwickshire and Herefordshire.
3. A cancer scheme in conjunction with other authorities in the Midland area.

It is with regret that I have to record the death of my Chairman, Mr. Roland B. Worth, who was one of the senior members of the Council, and had been Chairman of the Public Health and Housing Committee since 1933. Mr. Worth placed at the disposal of the County Council his house, Lickhill Manor, for use as an emergency maternity home, which after use throughout the War, was only vacated in 1945 in order to allow him to return to his home, but before this could materialise he developed an acute and fatal illness.

My Chief Clerk, Mr. J. P. Holder, M.B.E., retired on 31st March, 1945, after more than 50 years service. This must be almost a record for length of service, but what will be remembered even more was the ability, tact and courtesy which he invariably displayed over this long period. The County Staff wish him many happy years of retirement, and I would add that no County Medical Officer can be more fortunate than I have been in having such a loyal and able colleague for such a long and happy period.

Throughout the year, the Department continued to be short staffed, but the willingness with which all members responded to the ordinary and exceptional calls made it possible to carry on and undertake duties which arose out of War conditions. I must again place on record my sincere thanks to every branch of the Health Service for their help and co-operation.

Your obedient servant,

WYNDHAM PARKER

County Medical Officer.

Public Health Department,

County Buildings,

Worcester.

*November, 1946.*



## STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

Area in acres — — — — —	438,221
Population, Census 1931 — — — — —	308,781
Registrar-General's estimate of resident population, mid 1945 — — — — —	361,180
Rateable value (1st April 1946) — — —	£1,967,392
Sum represented by a penny rate — — —	£7,740

	Males.	Females.	Total.
Live Births — Legitimate —	3,057	2,933	5,990
— Illegitimate —	290	286	576
Birth-rate per 1,000 of estimated resident population —			18.2

	Males.	Females.	Total.
Still-births — — — —	104	73	177
Rate per 1,000 total (live and still) births — —			26

	Males.	Females.	Total.
Deaths — — — —	2,101	2,012	4,113
Death-rate per 1,000 of estimated resident population —			11.4

## Deaths from Puerperal Causes :—

	Deaths.	Rates per 1,000 live births.	Rates per 1,000 total (live and still) births.
Puerperal Sepsis — —	3	.46	.44
Other Maternal Causes —	5	.76	.74
Total — — —	8	1.22	1.19

## Infant Mortality (Infants under one year of age) :—

All Infants per 1,000 live births — — —	43
Legitimate Infants per 1,000 legitimate live births —	42
Illegitimate Infants per 1,000 illegitimate live births	59
Deaths from Measles (all ages) — — —	10
Deaths from Whooping Cough (all ages) — —	5
Deaths from Diarrhoea (under 2 years of age) — —	25
Deaths from Cancer (all ages) — — —	666

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

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(a) Arrived at by excluding deaths of non-residents and including deaths of persons properly belonging to the Districts, but who died outside these districts.  
(b) These figures are supplied by the Registrar General.

ENGLAND AND WALES :				
Birth Rate	-	-	-	16.1 per 1000
Death Rate	-	-	-	11.4 " "
Infant Mortality Rate	-	-	-	46 " "





## STAFF.

*Dr. S. C. Parry*, my deputy, was still with the Services during the whole of 1945.

*Dr. A. B. Follows* (Redditch) resigned to take up general practice.

*Dr. L. J. Bacon* was appointed as an Assistant County Medical Officer, and also as Medical Officer of Health for Bromsgrove and Redditch Urban Districts on the 8th October, 1945.

The following changes in the staff of Health Visitors took place :—

*Miss Harvey* (Lye) on reaching the age of retirement, resigned on the 31st March, 1945.

*Miss A. Lawson* (Lye) appointed 2nd April, 1945.

*Miss Mote* (Blackheath) appointed 15th May, 1945 ; resigned 13th July, 1945.

*Mrs. L. E. Cozens* (Blackheath) part-time appointed 1st September, 1945.

*Miss E. Lyons* (Blackheath) appointed 24th September, 1945.

## PROPOSED NATIONAL HEALTH SERVICE.

The Worcestershire Hospitals Joint Advisory Committee mentioned in my last report has been established. The report of the Nuffield Surveyors (Dr. Veitch Clark, Mr. John Hunter and Sir Ernest Hart) has been published, and provided an interesting subject for discussion by the Joint Advisory Committee.

*Infectious Diseases.*

With the exception of Measles, which was very prevalent, there was no major epidemic in the County.

*Scarlet Fever.*

There were 414 cases well spread over the County ; there were no deaths.

*Diphtheria.*

There were 257 cases with 16 deaths. There is again the same tendency noted in my last report that the type, as judged by the case mortality rate, is more severe in the north of the County. In Oldbury, there were 75 cases with 6 deaths, and in Stourbridge 47 cases with 3 deaths.

The following table shows the incidence during the last 12 years :—

Year.	Cases notified.	Deaths.	Case mortality per 1,000 cases.
1934	542	57	10.5
1935	497	57	10.1
1936	394	27	6.8
1937	401	23	5.7
1938	380	22	5.8
1939	363	25	6.9
1940	329	16	4.9
1941	407	18	4.4
1942	233	14	6.0
1943	228	10	4.3
1944	229	18	7.8
1945	257	16	6.2

These figures cannot be accepted as satisfactory. There is available, in immunisation, a means of further diminishing the incidence of the disease and reducing the deaths to almost vanishing point. Whilst progress has been made, it is apathy rather than ignorance which is responsible for the failure of some parents to see their children are protected by this simple and safe device.

#### *Dysentery.*

Of the 166 notified cases of Dysentery, 123 were in Malvern which sounds somewhat alarming.

There are several types of Dysentery. In recent years there has been an increase of a particularly mild type, which, although not free from danger to the very young or very old, in fact is often missed because it is in no sense alarming for the healthy child or adult except for temporary inconvenience and infectivity. The outbreak in Worcestershire was of this type. Many of these cases occurred in a residential school; very properly they were notified and precautions against spread were taken. But for a microscopic examination many would not have been detected. It is probable that there were other unrecognised cases, as it is by no means uncommon for cases to occur when the symptoms are so slight that medical attention is not sought.

#### *Cancer.*

In 1945 there were 666 deaths from cancer.

„ 1944	„	„	601	„	„	„
„ 1943	„	„	652	„	„	„
„ 1942	„	„	616	„	„	„

One death in each six occurring in Worcestershire in 1945 was due to cancer. The population is changing and carrying an increasing number of persons who are in age groups when cancer may be expected to occur. The time is approaching when one-fifth of the population will be included in the retired group (that is, 65 years and over), when one may expect the incidence of cancer to be even higher. The figures given above do not indicate an increase in cancer if allowance be made for the constitution of the population (age and sex) at risk.



What the figures do indicate is the high proportion of all deaths which are due to cancer. Early diagnosis and efficient treatment are required so long as the incidence cannot be controlled. The proposed Cancer Scheme for the Midlands area should meet this requirement. More knowledge of the advantages and limitations of the various forms of treatment will be gained ; expensive plant and skilled staff will be used to the best purpose ; and the facilities would be expanded to see that waiting lists are avoided. To provide an efficient and sufficient scheme, the area covered should be a large one. The major authorities are responsible for the preparation of schemes, and although it has not been possible to make much progress because of the War, an opportunity to take action is now presented. Quite a number of cases from the County are at present treated in Voluntary Hospitals ; no financial contribution is made in the majority of cases by the County Council, which is probably unaware of the circumstances of many of the cases. The treatment facilities must be expanded if the provision is to be available for all ; this expansion will not take place unless the responsible local authorities realise and fulfil their obligations.

### *Measles.*

The incidence was high and the outbreak widespread. There were 10 deaths out of the 5189 cases notified. There is need for better understanding of the use of selective hospital treatment for cases of this type. Local Sanitary Authorities have got accustomed to removing any or all cases of scarlet fever, the bulk of which would recover just as quickly and safely in reasonable home surroundings ; but the same Authorities close the door firmly against measles because of numbers and because a break with tradition is feared. During the outbreak last year one of my staff informed me of a young child who was very ill, with measles, in deplorable home surroundings. The Local Sanitary Authority refused to arrange for the admission of the case to hospital as there were hundreds of cases suffering from the same disease who were being treated at home, and no exception could be made. There was no difficulty in obtaining a cubicle bed in an Isolation Hospital, and the child was eventually admitted as a County Council responsibility.

I do not wish to convey the impression that measles should normally be treated in hospital, but if lives are to be saved, a small percentage do urgently require care and nursing which they cannot get at home. It should be the duty of the Medical Officer of Health to advise the Authority on cases which in his opinion urgently need removal, and it would be better for the Local Authority to obtain his advice when it is hoped they would act in line with these suggestions. Measles and Whooping Cough can be killing and damaging diseases. The value of hospital treatment for complicated cases, particularly when small wards or cubicles are available, should be recognised as the routine and correct procedure. The Isolation Hospital would be a doubtful asset if its sole function was to control the spread of infection ; to save life is even more important.



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TABLE 2.

District.	Cerebro Spinal Fever.		Scarlet Fever.		Diphtheria and Membranous Croup.		Enteric Fever.		Puerperal Pyrexia.		Pulmonary Tuberculosis.		Non-Pulmonary Tuberculosis.		Ophthalmia Neonatorum.		Acute Poliomyelitis & Polio Encephalitis.		Pneumonia.		Encephalitis Lethargica.		Measles.		Whooping Cough.		Dysentery.		Malaria.	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (b)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths (a)	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Urban																														
Bewdley Borough		1	5		—				3		1	2	1						4				39		13	1				
Bromsgrove —		1	26		7	1	1		14		13	6	3	4	19		1		7	8			466	1	39		3			
Droitwich Borough			5		1						4	5	2							2			42		1					
Evesham Borough			6		2				3		8	5	2	1					9	3			319		32					
Halesowen Borough	1		31		45	1	1		4		24	13	1	1	1		3		31	18			565	2	33		17			
Kidderminster Borough			45		12	1	3		5		26	22	5	4	1				14	16	1		312		4					1
Malvern —	3	1	32		22	1	1		2		16	10	4	1	2		1		32	13			299		18		123			
Oldbury Borough	2		70		75	6			7	2	43	26	8	3	7		1		39	17			596	4	174		1			
Redditch —	4		33		5	1		1	2	1	23	16					1	1	2	12			376	1	26		1			
Stourbridge Borough			37		47	3	1		9		20	19	1	1	6				16	16	1		336	1	69	2	11			
Stourport-on-Severn			17		3	1			11		7	5	2	2			2		5	3			171		7					
Totals —	10	3	307	—	219	15	7	1	60	3	185	129	29	17	36	—	8	1	159	108	—	2	3521	9	416	3	156	—	1	—
Rural																														
Bromsgrove —			23		5						17	8	5	1	1		1		12	9			308		15	1	4			
Droitwich —			29		2						5	3		2	1		2		3	3			124		33	1				
Evesham —			17		1		2				5	4	3	4	1				6	7			196		44		1			
Kidderminster —			7						1		7	2	1	1					1	1			66		3		1			
Martley —			11		24						8	4	1	2					9	5			221		12					
Pershore —			4		4		1		2		13	4	2	2	1				2	6			598		21		4			
Tenbury —			2		2	1			1		3		3							2			101		2					
Upton-on-Severn			4						1		12	3	1	2					9	2			54	1	12					
Totals —	—	—	107	—	38	1	3	—	5	—	70	28	16	12	4	—	3	—	42	35	—	—	1668	1	142	2	10	—	—	—
Grand Totals	10	3	414	—	257	16	10	1	65	3	255	157	45	29	40	—	11	1	201	143	—	2	5189	10	558	5	166	—	1	—

(a) The deaths refer to all cases of pneumonia, not only those which are notifiable.

(b) The deaths refer to cases of Puerperal Sepsis.

These figures exclude Non Civilians.





## MIDWIVES ACTS.

During 1945, 229 Midwives gave notice of intention to practise in the County ; this number excludes Oldbury, as the Borough Council is the Local Supervising Authority for that area.

The four domiciliary Midwives in the Borough of Stourbridge, (Nurse Hill, Nurse Adams, Nurse Nightingale and Nurse Dunn) who are employed whole-time as officers of the County Council, attended 309 cases in 1945.

In the rural parts of the County the midwifery is undertaken by District Nurse Midwives employed by District Nursing Associations, to which grants are made by the County Council. Difficulty has again been experienced in providing and maintaining staff.

The separation of the City and County Nursing Association into two separate organisations became effective in 1945. The new County Nursing Association had an active year, the newly appointed Committee arranging for convenient groupings of associations in order that each group might have representation on the Executive Committee. The difficult task of trying to re-arrange district nursing associations boundaries was commenced : some associations have not enough work to justify a nurse, whilst a neighbouring association's nurse may be overworked. Agatha, Lady Hindlip, who was Chairman of the joint Association, has retained her interest in the County Nursing Association, and is Chairman of the Executive Committee.

Much time and effort has been spent in trying to improve the accommodation for nurses ; their salaries have all been revised in accordance with the Rushcliffe Scale ; but the real difficulty is the supply of suitable nurses. An appointment with a good house does not present much difficulty, but if a house is not available, or for general relief work, it has been almost impossible to obtain suitable applicants.

The Isobel Morcom Medal and Prize given annually to a District Nurse whose record of service is considered by the adjudicators to be outstanding was awarded in 1945 to Miss Adeline Brown of the Headless Cross Nursing Association.

## NURSING HOMES.

One new Home was registered in 1945, making the number of registered homes in the County 27.

## ABNORMAL MATERNITY CASES.

Consultations have been provided, or admission to a Maternity Hospital arranged, in all abnormal maternity cases notified to the County Council.

During the year, 128 cases were dealt with in hospital. Consultant sessions are held as and when required at the County Maternity Homes and 15 of these were held during the year, at which 88 patients were seen ; in addition, 19 patients were seen by consultants in Maternity Homes other than at a special session and 9 domiciliary cases were seen.

In 1945 there were 53 cases of puerperal pyrexia notified. 13 of these received hospital treatment.

The Maternity Emergency Flying Column from the Maternity Hospital, Birmingham, attended 5 Worcestershire cases in 1945 in parts of the County adjacent to Birmingham.

#### HOME HELPS.

This very desirable provision presents particular difficulty at present, probably more so in a county area than in a town.

Dr. S. Walker, Stourbridge, has been able to maintain a service for maternity cases in Stourbridge, where, on the average, two or three Home Helps have been employed. In Halesowen, Dr. E. Bulmer has two part-time Home Helps, and in Stourport-on-Severn one whole-time Home Help has been engaged under the supervision of Dr. M. Fell.

It has not been possible to provide any help for ordinary cases of illness ; assistance in maternity cases is the more urgent need at the present time.

#### ACCOMMODATION IN MATERNITY HOMES.

The small fall in the birthrate did not appear to make any appreciable difference to the demand for accommodation. The two Emergency Units for ante-natal cases, originally established for evacuees, were closed in 1945—Rushwick Manor in March and Bewdley Convalescent Home in April.

Lickhill Manor was closed as a Maternity Home in September 1945. Although Rigby Hall, Bromsgrove, was purchased with the object of providing a Residential Nursery, it has now been decided to adapt the premises for temporary use as a maternity home, until such time as a larger unit can be provided at All Saints Hospital, Bromsgrove.

Greenhill Hostel, Kidderminster, has, by arrangement between the County Council and the Hostel Committee, continued to be available for County cases. The equipment provided for the Hostel has been purchased by the County Council from the Ministry of Health, and the Hostel Committee will be given the opportunity of purchasing some of this equipment when the present arrangements cease and the Hostel resumes its normal functions for the unmarried mother and her child.



## ST. CATHERINE'S, MALVERN LINK.

During 1945 a new Post-Natal Hostel, known as St. Catherine's, was opened at Malvern. This Home, run in conjunction with the Diocesan Moral Welfare Association, has accommodation for eighteen mothers and their babies. A capital contribution of £150 was made by the County Council in aid of equipment and a sum of 21/- per bed per week was promised for each of the six beds reserved for Worcestershire cases. The arrangements appear to be working well. The provision is intended to help unmarried mothers, who wish to retain their infants, to obtain a fresh start in life ; with the careful selection of cases which is exercised, there seems to be every indication that the Home will serve a useful purpose.

## MARY STEVENS MATERNITY HOME.

Miss Garrett, who has held the post of Matron since the Home was first opened, resigned in 1945 on account of ill-health. The good wishes of everyone associated with the Home go out to Miss Garrett with the hope she will have a happy retirement. Miss Winters (Deputy Matron) has now been appointed Matron and Sister Baldwin has taken up duty as Deputy Matron.

## LUCY BALDWIN MATERNITY HOSPITAL.

The Hospital lost one of its most valued Committee members in that Lady Baldwin died in 1945. Lady Baldwin left a legacy to the Hospital, the income derived therefrom to be used for comforts for patients and staff.

My thanks are due to Drs. R. S. MacArthur and C. Mackie at Stourport-on-Severn, and Dr. G. J. Meldon at Stourbridge for their help in connection with the County Maternity Hospitals. To the Matrons and staff of these Hospitals who have remained to help in this important service, I would also like to pay tribute for their hard work, for one realises it is far easier to define what one would like to be the conditions of service for all nurses than it is to implement these desiderata under existing conditions.

As the Martley Public Assistance Institution has been finally closed, the Maternity Ward there ceased to be used in 1945.

The following Table gives details of the work done at the Maternity Hospitals, etc., in 1945 :—

	Lucy Baldwin Maternity Hospital.	Closed 30.9.45 Lickhill Manor Annexe.	Mary Stevens Maternity Home.	Evesham P.A. Instn.	Greenhill Hostel.	Kidderminster P.A. Instn.
NUMBER OF BEDS —	— 18	18	16	28	15	4
ISOLATION BEDS —	— 2	—	2	—	—	—
CASES ADMITTED —	— 415	183	430	291	230	98
AVERAGE STAY (DAYS) —	— 14	14	14	14	14	13
CASES DELIVERED BY MIDWIVES —	— 283	136	223	251	203	95
„ „ „ DOCTORS —	— 97	6	192	30	10	2
TOTAL CASES DELIVERED —	— 380	142	415	281	213	97
MEDICAL AID SOUGHT —	— 185	18	127	18	52	17
PUERPERAL PYREXIA CASES —	— 8	1	9	2	1	2
OPHTHALMIA NEONATORUM CASES —	—	—	4	—	—	—
MATERNAL DEATHS —	— 1	—	—	—	—	—
INFANT DEATHS :—						
(a) STILL-BIRTHS —	— 5	—	11	5	6	—
(b) WITHIN 14 DAYS —	— 7	—	9	5	2	3

## ANTE NATAL CLINICS.

The average attendances and first visits are set out below :—

	Average Attendance.				First Visits.
Bewdley Hostel (closed 30.4.45)	—		4		32
Bewdley and Wribbenhall	—		17		62
Bromsgrove	—	—	—	11	198
Blackheath	—	—	—	10	124
Cradley	—	—	—	12	95
Evesham	—	—	—	6	67
Halesowen	—	—	—	14	132
Lye	—	—	—	14	126
Lucy Baldwin Maternity Hospital			20		368
Mary Stevens Maternity Home	—		8		66
Newtown, Malvern	—	—	8		58
Redditch	—	—	—	17	192
Rubery	—	—	—	4	30
Stourbridge	—	—	—	18	204
Worcester	—	—	—	9	153
West Heath	—	—	—	6	24
Droitwich	—	—	—	7	47
Other Infant Welfare Centres	—		—		88

Total cases attending for first time	—	2,066
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In addition to the cases supervised at Clinics 1,713 first visits were made by Nurses and Midwives to the homes of Expectant Mothers.



# INFANT WELFARE CENTRES AND ANTE-NATAL CLINICS.

There are 25 County Council Centres and 31 Voluntary Centres established in the County together with 17 County Council and Voluntary Ante-Natal Clinics.

The location and average attendances are given below :—

## *County Council Centres.*

			Opened.	Average Attendance.
Blackheath	—	—	Twice weekly	65
Blackwell	—	—	Monthly	10
Bromsgrove	—	—	Twice weekly	43
Cradley	—	—	Weekly	55
Crabbs Cross and Astwood Bank	—	—	Fortnightly	38
Catshill	—	—	Fortnightly	49
Cookley	—	—	Fortnightly	20
Droitwich	—	—	Weekly	30
Fairfield (Closed 1.5.45.)	—	—	Fortnightly	6
Halesowen	—	—	Weekly	127
Lye	—	—	Weekly	43
Malvern Link	—	—	Weekly	38
„ Lansdowne	—	—	Weekly	38
„ Newtown	—	—	Weekly	35
Pedmore	—	—	Fortnightly	31
Pershore	—	—	Fortnightly	29
Redditch	—	—	Twice weekly	44
Rubery	—	—	Fortnightly	39
Stoke Works	—	—	Fortnightly	15
Stourport-on-Severn	—	—	Fortnightly	41
Tenbury	—	—	Fortnightly	21
West Heath	—	—	Fortnightly	37
Worcester	—	—	Weekly	4
Wolverley	—	—	Fortnightly	18
Wribbenhall	—	—	Fortnightly	49

*Voluntary Infant Welfare Centres.*

			Opened.		Average Attendance.
Alvechurch	—	—	Fortnightly	—	27
Areley Kings	—	—	Fortnightly	—	23
Ashton-under-Hill	—	—	Monthly	—	11
Badsey	—	—	Fortnightly	—	10
Beckford	—	—	Monthly	—	9
Belbroughton	—	—	Fortnightly	—	26
Beoley	—	—	Monthly	—	20
Bretforton	—	—	Monthly	—	9
Broadheath	—	—	Fortnightly	—	12
Broadway	—	—	Fortnightly	—	34
Chaddesley Corbett	—	—	Monthly	—	17
Clent	—	—	Fortnightly	—	15
Cofton Hackett	—	—	Fortnightly	—	34
Evesham	—	—	Weekly	—	36
Fladbury	—	—	Fortnightly	—	9
Hagley	—	—	Fortnightly	—	24
Hallow	—	—	Fortnightly	—	26
Hanley Castle	—	—	Monthly	—	7
Honeybourne	—	—	Monthly	—	17
Kemerton	—	—	Monthly	—	22
Kempsey	—	—	Monthly	—	35
Littleton	—	—	Fortnightly	—	17
Norton	—	—	Monthly	—	32
Ombersley	—	—	Fortnightly	—	22
Rock	—	—	Fortnightly	—	12
Severn Stoke	—	—	Monthly	—	8
Stourbridge	—	—	Twice weekly	—	65
Tardebigge	—	—	Fortnightly	—	40
Upton-on-Severn	—	—	Fortnightly	—	9
Welland	—	—	Fortnightly	—	12
Wythall	—	—	Fortnightly	—	44

*Halesowen Infant Welfare Centre* has, for a number of years, been held in the Congregational Church Hall. Difficulties arose over the heating and repair of these premises and the Centre has been transferred to Tenter Street School. The geographical position is not as convenient for the mothers, but the premises are quite satisfactory and will meet the need until building becomes possible.

*Evesham Infant Welfare Centre.*—This Centre has returned to its pre-war home, the premises being shared with the Education Committee.

*Fairfield (Bromsgrove) Infant Welfare Centre.*—The small attendances did not justify the continuance of the arrangements, so the Centre was closed in 1945.

A disturbing feature of the returns is the high percentage of illegitimate births. Of the total births (6,566) in the administrative County, 576 were illegitimate.

In my last report I stressed the need for co-operation between the various interested parties and officers. The Council decided to appoint a Superintendent Health Visitor and also a Welfare Officer ; Miss N. Ashton has been appointed to fill the former post and Miss M. E. Denham the latter. Regular meetings are held between these officers and the Diocesan Moral Welfare Worker and contacts can easily be made with the Health Visitors and District Nurses. Miss Denham is on the Public Health Department's staff, but her services are available for all Public Assistance children, whether boarded-out or in Children's Homes. The working of this arrangement appears to be quite efficient and has provided the basis for dealing with the residual evacuees left in the County. I would again stress the importance of avoiding overlapping and the necessity for efforts to try to achieve team action rather than separate organisations.

#### HEALTH VISITING STAFF.

During 1945, two pupil Health Visitors (selected after advertisement) were sent to Bristol to complete their training as Health Visitors. Both candidates passed the examination for the Health Visitors Certificate and are now engaged in the County. Arrangements were also considered and agreed whereby the County trainees might in future attend the Health Visiting Course in Birmingham instead of Bristol, a certain number of vacancies each year being allocated to Local Authorities participating in the arrangement. Arrangements were also made whereby pupil Health Visitors could receive instruction in the work in a rural area, as well as the routine duties of health visiting in a large town. The trial made in 1945 whereby part of the time was spent in Worcestershire and Warwickshire is being continued in 1946 and appears to have been not only interesting but instructive to the trainee. The trainee, under the new arrangements, is paid three quarters of the appropriate Rushcliffe Scale during the time she is in attendance at the recognised course ; and she undertakes to work for the twelve months after obtaining her certificate with the Authority arranging for her training.

#### MATERNAL MORTALITY—whole County.

During 1945 there were 8 maternal deaths, 3 from Puerperal Sepsis and 5 from other maternal causes.

This gives a rate of 1.19 per 1,000 (live and still) births. The figures for the previous seven years were :—

1938	—	—	3.44
1939	—	—	2.41
1940	—	—	2.47
1941	—	—	1.63
1942	—	—	2.5
1943	—	—	2.33
1944	—	—	1.71



## OPHTHALMIA NEONATORUM.

The following Table shows the number of cases in 1945 together with other particulars :—

Cases			Vision unimpaired.	Vision im- paired.	Total Blind- ness.	Deaths	Re- moval from dis- trict	Still Receiving Treatment.
Notified	Treated							
	At Home.	In Hospital.						
ounty M. & C.W. area -	14	4	18	—	—	—	—	—

In addition there were 14 cases in Long Rede Maternity Hospital which is in the County but is under the control of Birmingham Corporation.

## PREMATURE BIRTHS.

The following are the details for 1945 :—

Number of Premature Births	—	—	134
„ „ Full term Births	—	—	64
(5½ lbs. and under at Birth)			

	Premature.	Full Term.
Born at Home — — —	81	48
Born in Hospital or Maternity Home	53	16
	<u>134</u>	<u>64</u>

## BORN AT HOME.

No. nursed at home	—	—	77	46
No. sent to Hospital	—	—	4	2
Died within 24 hours	—	—	16	2
Survived at end of one month		—	52	42
Died within one month	—	—	13*	2*
Died after one month	—	—	—	2

## BORN IN HOSPITAL.

Died within 24 hours	—	—	7	—
Survived at end of one month		—	40	14
Died within one month	—	—	6*	1
Died after one month	—	—	—	1

\* Infants who die within 24 hours are not included in this figure.

*Tuberculosis.*

Shortage of accommodation and of nurses make this one of the "black spots" in the County Services. The waiting list for sanatoria beds has continued to increase and has reached 50 to 60 or even more, at times. The interesting point that the notifications have increased whilst the deaths have decreased (during the latter years of the War) requires some explanation. There has been no mass radiography survey in this County. There are possibly some, but very few, patients who live in the County but work elsewhere where they are detected by X-ray survey, so no explanation exists in this direction. The Services would account for a certain number of cases found by survey, and who are returned to their homes on discharge, but as a complete explanation, it seems insufficient. The suggestion that cases are discovered earlier by the general practitioner and referred to the Tuberculosis Officer for opinion at an earlier and more hopeful stage of the disease is possible. Co-operation with the general practitioners in this County is good, but there does not seem to be a marked fall in the proportion of advanced and moderately advanced types of case, which would be expected if this was the real explanation.

In 1945, assistance was asked for by the City of Worcester in connection with Tuberculosis Dispensary work in the City, and the treatment of patients at Newtown Hospital. One of the County Tuberculosis Officers has undertaken these duties since that date. The experiment, although originally a temporary expedient, seems the right solution of the problem. So long as the City Council wish the arrangement to continue, I think the County should endeavour to assist. The Officer who can devote the whole of his time to the study of Tuberculosis is naturally in the best position to act as consultant.

I have previously mentioned the closure of 40 beds at Knightwick in the last four months of 1945. At Hill Top Hospital, Bromsgrove, a ward allocated temporarily for Tubercular cases by the Joint Board had to be closed owing to shortage of staff. At Hayley Green Hospital, Halesowen, it was intended to provide additional pavilion beds, but owing to the proposed Malvern Chest Hospital, this extension has been abandoned. Improved accommodation for nurses is necessary in any case, and it is hoped, therefore, that this will be provided.

The Malvern proposal is to provide 400 beds for all types of case in one of the ex-American War Hospitals adapted as a chest Hospital. When the scheme is complete, 140 beds will be available for the County. As staffing difficulties are expected, the first instalment will be 140 beds, which will be divided between the 4 authorities (Worcestershire, Coventry and Warwickshire Joint Board, Herefordshire and Worcester City), who have already met and agreed to the proposals and the allocation of beds.

*Dispensaries.*

The Stourbridge Dispensary, which has been used as the Tuberculosis Dispensary for about 25 years, was required for other purposes. The arrangement made whereby the Dispensary at



Kidderminster was transferred to the Voluntary Hospital some years ago has been most successful and provided a possible solution of the difficulty at Stourbridge. Building was hopeless from the point of view of time, as new arrangements were required within a period of months. The Corbett Hospital Committee were approached and agreed to help. I have every reason to think this change will prove an advantage in the long run, and will co-ordinate the tuberculosis work with other branches of medical work.

Difficulty was experienced over the increasing number of X-ray examinations required to be undertaken at the West Bromwich Voluntary Hospital, at the request of the Tuberculosis Officers. The original arrangement was made some years ago, but the work has increased to such an extent that their staff could not cope with the demands for County patients.

Consideration was given to the installation of an X-ray plant at Oldbury Dispensary, but the Ministry of Health could not see their way to sanction the arrangement. Fortunately, additional staff became available at West Bromwich Voluntary Hospital, which is able to deal with County cases successfully, but not without difficulty.

During the latter part of 1945, the illness of Dr. S. Deaner, the Chief Tuberculosis Officer, became more acute, and it became impracticable to consider his resuming County duties within a reasonable period. The Committee decided that Dr. Deaner should have extended sick leave, and that Dr. R. B. Mayfield, who was placed in charge, must have additional help of a permanent character. The appointment of an additional Assistant Tuberculosis Officer is to be made; Dr. R. Cronin will be included in the County whole-time staff, by arrangement part of his time being made available for the duty of Medical Superintendent of Knightwick Sanatorium.

These proposals will meet existing difficulties, in which connection, Dr. M. Clover, (a former Assistant County Medical Officer who had retired for a number of years) has rendered valuable assistance to the hard pressed County Tuberculosis Officers.

The report of Dr. R. B. Mayfield, Chief Tuberculosis Officer, is included as a separate appendix to this report.

#### *Ambulance Service.*

The Emergency Ambulance Service functioned actively during the early part of 1945 to deal with convoys of wounded soldiers on and after V.E. Day. The process of reducing was commenced in the autumn, but no difficulty was experienced in retaining unpaid volunteers to supplement the small number of paid drivers. The cessation of the volunteer car pool organised by the W.V.S. if not replaced would have seriously affected the hospital arrangements, so that a modified Hospital Car Service was introduced based on the bigger Voluntary and other Hospitals. The Service cannot be relied on for night or urgent calls, but has proved valuable for cases where some notice can be given that a car is required for a case which cannot use other means of transport.



*War Time Nurseries.*

During 1945, the future of the War-time Nurseries was considered. Summerfield Nursery was closed on 30th June, 1945, and it was decided to close the Malvern Nursery early in 1946, but to retain the other seven nurseries either as Educational Units or as Maternity and Child Welfare Nurseries.

*Mental Deficiency.*

The administration of the Mental Deficiency Acts is dealt with by the Clerk of the County Council.

The Health Visitors and District Nurses supply reports as and when required as to the home circumstances of defectives.

*Ascertainment.*

In 1945, 26 cases were notified by my Department to the Local Control Authority as follows :—

- 3 Idiots.
- 8 Imbeciles.
- 15 Feeble-minded.

*Uncleanliness and Scabies.*

There is every reason to think from the returns I receive that Scabies is less prevalent than it was.

Dr. L. J. Bacon (Bromsgrove and Redditch) has been energetic in getting domiciliary treatment of the whole family carried out in the home. His results appear excellent even in instances where no bath is available in the house. There can be little doubt that there is still a good deal of unsuspected scabies. At a survey made for another purpose, five cases of unsuspected scabies were found in one school. The health visitors continue to deal with both scabies and other verminous conditions on the same lines as have been mentioned in previous reports.

## VENEREAL DISEASE.

The following Table gives details of the Worcestershire cases seen at the five Special Centres named :—

# VENEREAL DISEASES. SUMMARY 1945.

Centre.	No. of cases dealt with for the first time during the year.				Total attendances of all patients.	No. of doses of Salvarsan substitutes given.
	Syph.	Gon.	Not V.D.	Total.		
WORCESTER —	19	35	317	371	1872	560
KIDDERMINSTER —	14	15	64	93	773	342
BIRMINGHAM —	39	67	227	333	4523	1921
DUDLEY —	4	7	18	29	415	68
STOUBRIDGE —	12	16	49	77	1018	280
TOTALS — 1945 —	88	140	675	903	8601	3171
1944	93	70	555	718	8640	4454
1943	114	129	661	899	9422	3639
1942	94	135	517	746	8390	2299
1941	58	99	304	462	6899	1866
1940	55	126	241	422	6603	1587
1939	33	83	237	353	7829	1712
1938	48	138	187	373	12352	1704
1937	48	110	145	304	11219	1896
1936	47	117	184	348	10661	2042
1935	59	99	175	334	9904	1902

The increase in the number of cases of Gonorrhoea attending for the first time is unexpectedly large. Although the number of new cases of Syphilis is falling, the incidence is still double that of pre-war years.

*Regulation 33B.*

The number of notifications (29) in 1945 was exactly the same as in the previous year, there being practically the same distribution, namely, one treble, two double and 26 single notifications. In the treble and double notifications formal action was of course taken. In the case of the single notifications, efforts were made to trace the suspects in order to persuade them to be examined and if necessary treated, but it became increasingly difficult to find the person named on the notifications and in many instances no action could be taken, even of an informal character.

*Notifications of Service Men.*

During the war, and subsequently, the Ministry of Health used to circulate for informative purposes details of the numbers of infections of Service men (British and Allied Forces). It is evidence of fairly wide-spread infection that these notifications in Worcestershire numbered 370 in 1944 and 368 in 1945. Since the end of the war there has been a natural decline and the numbers now being notified are very much smaller.

With the return of Service men to civilian life an arrangement has been made by the War Office by which notification is sent to the Public Health Department of Service men who have contracted Venereal Diseases and who have agreed to their case being notified with a view to arrangements being made for further treatment. In these cases a non-committal communication is sent by me under confidential cover offering facilities for treatment, but a reply from those approached has only been received in one or two instances. This need not be taken as being an indication that treatment has not been sought and obtained, as the details of the Clinics in or serving the County are, of course, well known or are easily obtainable.

*Kidderminster Clinic.*

Mr. John W. Stretton, F.R.C.S., who has been in charge of this Clinic for a number of years, resigned on 30th June, 1946, because of pressure of work in connection with other duties. It was difficult to make other arrangements at the time, but assistance was forthcoming from Dudley Borough. Dr. Petvin Porter who assisted Mr. Stretton for a number of years has now been appointed as his successor.

*Cleveland Hostel, Wolverhampton.*

Two cases, where pregnancy was complicated by Venereal Disease, were admitted from the County to this Hostel during 1945. I understand there is some doubt as to whether this Unit will continue to function for its present purpose in the future, as it is possible that modern intensive treatment with penicillin for short periods in Special Hospitals may reduce the activities of the Hostel to a very small number of cases.



## WELFARE OF THE BLIND.

The general arrangements for the Welfare of the Blind which have been outlined in previous Reports remained unaltered.

A Conference was held with neighbouring Authorities on the question of domiciliary assistance to unemployable blind persons and as a result the County Council adopted new Regulations which came into force on the 1st April, 1945. Under these new Regulations increased allowances were payable to the unemployable blind, the amounts being calculated on the basis of the appropriate weekly allowance of the Assistance Board plus 5/- per week for single persons (including widow or widower), 15/- per week where the man and wife were both blind and 5/- per week for the man with a sighted wife. An allowance in respect of rent up to a maximum of 10/- per week was payable in addition. With the introduction of the new scales a sum of approximately £215 per week was being paid to some 240 unemployable blind persons.

The total number of blind persons on the Register on the 31st March, 1945, was 444, of whom 224 were men and 220 women. The number of these blind persons over 50 years of age was 348 and only 13 were under the age of 16 years, there being none under the age of one year. The number of blind persons employed was 61 of whom 12 were in Workshops for the Blind and 17 in the Home Workers Scheme. The number of blind persons employed in sighted industry was 5.

## CHILD LIFE PROTECTION.

The number of cases under supervision on the 31st December, 1945, was 57 in the care of 51 registered foster mothers. There were no deaths of foster children in the County in 1945.

The number of children in Preparatory Schools and Voluntary Homes, in respect of which certificates of exemption from visiting were in force, was 220.

## BOARDING-OUT OF CHILDREN.

In May, 1945, the County Council appointed a Joint Committee composed of 3 members each of the Administrative Health Committee, the Public Assistance Committee and the Education Committee, to co-ordinate the arrangements for the supervision of children under the care of the County Council.

The Joint Committee expressed the opinion that responsibility for boarded-out children under the Public Assistance Order, 1930. could conveniently be transferred from the Public Assistance Officer to the County Medical Officer and the County Council subsequently authorised the appointment of a woman Welfare Officer on my Staff to undertake the necessary work. Miss M. E. Denham was appointed and began her duties on the 1st January, 1946.

The Joint Committee also considered whether a Committee should be set up to be responsible for the care and supervision of all children under the charge of the County Council but it was eventually decided to take no action in this direction until after the Report of the Curtis Committee was published.

*Rural Water Supplies and Sewerage Act, 1944.*

A number of draft schemes have been submitted to the County Council under this Act. Although the Act is of particular interest to Rural District Councils it is not restricted to rural districts only ; the financial assistance to be made available by the Government and the County Council is in respect of schemes in " rural localities."

In order that the needs of the County as a whole can be considered and the schemes, particularly those relating to water supply, shall be properly co-ordinated, it is considered that decisions on individual applications can best be dealt with when all the Rural District Councils have submitted their proposals. Further, experience has shown that where a piped water supply is installed, a proper system of sewerage and sewage disposal must follow. Arrangements which have functioned reasonably well where the water supply has been from a pump break down completely when a piped supply is introduced. It would appear, also, that the provision of sewers and sewage disposal works will prove even more costly than that of water supplies.

The Public Health and Housing Committee have accepted in principle several schemes relating to water supply where it was essential for a decision to be given to enable the water undertakers to prepare their part of the schemes. In one area which is in a desperate position as regards water supply, the householders now receiving potable water carted in tins, the Minister of Health felt unable to approve the scheme at the present time.

The County Council have appointed a consulting engineer to co-ordinate and advise them on applications submitted by local authorities.

The present position as regards water supplies and sewage disposal in the various areas of the County is known to the Public Health Department ; the County Council has therefore decided not to carry out any separate technical surveys at the present time but has requested the districts to prepare their own proposals. Informal discussions have already taken place between County and District Officers, when the need for close co-operation between adjoining areas was stressed in instances where it seemed that co-ordination of action was likely to prove helpful. All the Rural Authorities have appointed their own Consulting Engineers for this purpose. In many Districts, the same consultant will be acting for several adjoining areas ; this will facilitate the preparation of Schemes which are not restricted to the area of a particular Sanitary Authority.



## RIVERS POLLUTION PREVENTION.

Efforts to prevent pollution of rivers and streams have continued throughout the year under very difficult conditions. Every effort has been made to control existing sources of pollution and to prevent new sources.

The Public Health (Drainage of Trade Premises) Act has not so far met with the success which it was thought this measure would achieve, but undoubtedly war circumstances have constituted a barrier to progress. In the north of the County, where much of the pollution is caused by the discharge of untreated acid waste into the River Stour no action has been possible and no progress made. The solution of this old-standing problem is well known and requires that the trade effluents shall be treated and neutralised either separately by each firm or by a group of factories providing a common plant after which the effluents can be discharged into the sewers.

Action taken by the County Council prior to the war, resulted in an Inquiry being held by the Ministry of Health into the pollution of the Stour by a number of firms. This matter is still in the hands of the Ministry of Health ; no steps other than persuasion can be taken until the permission of the Central Authority is obtained.

### *Sewerage and sewage disposal.*

Very little new work has been undertaken during the year under review.

A Ministry of Health Inquiry was held into the application of the Upton-on-Severn Rural District to be allowed to proceed with the sewerage and sewage disposal at Powick. Sanction has been given to proceed, as a matter of urgency, with that portion of the scheme concerned with the sewage of the County Mental Hospital.

The pollution of the tributary of the Carrant Brook to which I referred last year remains unabated.

## HOUSING.

### *Housing (Rural Workers) Acts, 1926–1942.*

These Acts expired on the 30th September, 1945. A Bill to extend them for a further period of two years and to amend the principal Act in several directions was before Parliament at the time of the dissolution but was not proceeded with.

The Rural Housing Sub-Committee of the Central Housing Advisory Committee have been asked by the Minister of Health to advise him on the general question of the re-conditioning of rural cottages and to consider what improvements could be made in the Acts.



The matter has been fully considered by the Worcestershire Joint County Rural Housing Committee and certain recommendations have been forwarded to the Advisory Committee. The general feeling in this County is that the Acts have served a very useful purpose and that they should with certain amendments be re-introduced.

The expiration of the Acts resulted in a number of last minute applications (60 in all) being received which took a considerable amount of time to investigate. The work has proceeded in a few instances but the majority of these applications were refused or withdrawn.

*General.*

The survey of rural houses suggested in the Hobhouse Report is now in progress.

The following table shows the progress made up to 31st December, 1945 :—

RURAL HOUSING SURVEY.

Return of Houses Surveyed to 31st December, 1945.

Rural District	Population Mid. 1944 (R.G.'s Estimate)	No. of Houses Inspected	CLASSIFICATION OF HOUSES INSPECTED				Houses included in the preceding four categories which have been noted for action under the Housing (Rural Workers) Acts	Remarks
			(i) No. %	(ii) No. %	(iii) No. %	(iv) No. %		
Bromsgrove	24,100	390	96 24.6	55 14.1	193 49.5	46 11.8	—	At the moment there are no owners who wish to take advantage of the Housing (Rural Workers) Acts.
Droitwich	12,530	1,214	478 39.4	338 27.8	247 20.3	151 12.5	22	
Evesham	15,270	524	498 95.0	5 1.0	21 4.0	—	4	There are nine cottages being re-conditioned under the Housing (Rural Workers) Acts at the present time.
Kidderminster	9,840	607	158 26.0	236 38.9	100 16.5	113 18.6	15	
Martley	11,640	789	83 10.5	254 32.2	279 35.4	173 21.9	80	
Pershore	14,550	767	106 13.8	233 30.4	300 39.1	128 16.7	186	
Tenbury	5,520	331	55 16.6	140 42.3	77 23.3	59 17.8	—	
Upton-on-Severn	12,920	570	35 6.1	137 24.0	307 53.9	91 16.0	53	
Totals and Averages	—	5,192	1,509 29.0	1,398 26.9	1,524 29.4	761 14.7	360	

The percentages should not be taken too seriously at this stage of the survey as a certain amount of selection has been exercised by Upton-on-Severn for example who have omitted houses which are obviously fit.

Classification.

- (i) Satisfactory in all respects.
- (ii) Minor Defects.
- (iii) Requiring repair, structural alteration and improvement.
- (iv) Unfit for habitation and beyond repair at a reasonable cost.

At this stage of the Survey it is too early to form any fair judgment on these returns as in some areas the inspections have been somewhat selective, but one thing is fairly certain, viz., that the percentage of houses "totally unfit" will be higher than was generally thought to be the case.

The Survey made prior to the war on the instructions of the County Council when two parishes in each Rural District were intensely surveyed, from a housing aspect, by me with the help of the County Sanitary Officer disclosed a very large number of unfit houses. It seems very probable that the accuracy of the findings of this survey will be confirmed when the present review is complete.

#### MILK SUPPLY.

The appointed day for the transfer to the Ministry of Agriculture and Fisheries of certain functions of District Councils in relation to the conditions under which milk is produced at the farm, and of the County Council under the Milk (Special Designations) Regulations, has still not been fixed.

There can be no doubt that the present position is one of confusion with overlapping of Ministries, Boards and Local Authorities. The District Councils, having been told that their responsibilities at the farm are to cease have, in some instances, not unnaturally slackened their interest in farm inspection work.

The cow is the foster mother of the nation and milk is recognised as probably the most valuable of all foods. The conflicting opinions of the Health Authorities and agricultural interests have been strenuously debated for years. The shortcomings of the present position can in no way be attributed to lack of legislation but rather to excessive legislation which has actually never been complied with.

Health Authorities fully recognise the nutritive value of milk and the danger of the spread of Tuberculosis and other Infectious diseases through milk is their particular concern. The heat treatment of milk is the only practical solution by which infection is controlled and the nutritive value of the article left unaffected.

Although no progress has so far been made in the scheduling of areas in which all milk must be subjected to pasteurisation or other forms of heat treatment, there can be no doubt that the object in view is already generally operative in the larger towns.

Whilst heat treatment of milk is the right and only solution in the present circumstances there are two points which need emphasis.

(1) Pasteurisation (or heat treatment of some similar type) is not intended to make dirty milk safe.

(2) The policy of heat treatment of milk should not result in a lessened interest in, or encouragement to, producers maintaining T.T. herds.



It is obvious even with heat treatment that clean milk from healthy herds is still required ; it is nevertheless somewhat alarming to hear, as I have done, a prominent T.T. producer express the view that precautions for cleanly production and the testing of the herds is no longer necessary as his milk is heat treated by the Dairyman who purchases his supply.

*The Milk (Special Designations) Regulations.*

The total number of licences operative at the end of 1945 were :—

*Tuberculin Tested.*

Production and Bottling	—	—	17	
Production —	—	—	74	91

*Accredited.*

Production and Bottling	—	—	27	
Production —	—	—	166	193
				284

Whilst the total number of licences has remained about the same as last year there has been an increase in Tuberculin Tested Licences from 72 to 91.

During the year two Tuberculin Tested Licences and two Accredited licences were suspended by the County Council. In the case of one of the Accredited producers the farmer appealed to the Ministry of Health in exercise of his right under the Regulations ; after inquiry, the Ministry upheld the decision of the County Council.

*Samples.*

The following table shows the number of samples of designated milk examined during the year.

Grade of Milk.	Total No. of Samples	Result of Examination.				
		Pass	Fail	Failures due to		
				Methy. Blue only.	Coli only.	Both
Tuberculin Tested —	337	307	30	—	—	30
Accredited —	706	588	118	7	—	111
TOTAL —	1043	895	148	7	—	141

The above figures show that 8.8% of the Tuberculin Tested Milk samples, and 16.7% of the Accredited milk samples did not reach the standard of cleanliness required by the Regulations. These figures are higher than before the War but compare quite favourably with the rest of the Country.

The following table shows the number of samples of Pasteurized and Heat-Treated milk examined from all sources in the County during 1945.

Type of Milk.	Total No. of Samples.	No. Satisfactory.	No. Unsatisfactory.
Pasteurized	242	225	17
Heat-Treated	40	26	14
Sterilized	53	53	—
TOTALS	335	304	31

During the year 109 samples of all grades were submitted to the biological test, two being positive.

The County Council has continued to take regular samples, for the Ministry of Food, from Milk Depots licensed by that Ministry for the heat treatment of milk.

No areas have yet been specified under Defence Regulation 55G.

During the year 132 samples were collected from these Depots, of which 6 failed the test. Beyond reporting these samples to the Area Milk Officer and the rendering of monthly summaries, the County Council has no further responsibilities at the moment. In the case of Depots licensed by the Ministry of Food and which are also licensed by the District Council for the pasteurization of milk, arrangements are made to avoid overlapping, in the taking of the samples.

#### *The Milk-in-Schools Scheme.*

The scheme has been maintained throughout the County in spite of very considerable difficulties due to war-time conditions and restrictions, which, in some instances, has meant the delivery of the milk in bulk to the Schools. This has involved additional work by the Teachers in supervising the distribution and I am grateful for their assistance.

There are nine schools for which I have been unable to obtain a supply. The small quantity of milk required and the long distances involved in delivery makes it entirely uneconomic for the dairyman. The Ministry of Food who interested themselves in this scheme a year or so ago met the same difficulties and apparently have now dropped the matter. This difficulty will have to be overcome by some means.

Wherever possible the milk supplied is pasteurised. There are, however, a number of schools receiving Tuberculin Tested and Accredited milk. Undesignated milk is supplied to a few rural Schools where it has not been possible to obtain a designated milk. These supplies are only approved after an inspection by the County Sanitary Officer. By an arrangement with the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries, the milch cows are regularly examined.



Samples of the milk supplied under this scheme are collected at the Schools and examined quarterly ; biological tests are carried out twice a year.

The precentages of the Schools receiving these grades of milk are :—

<i>Grade.</i>		<i>Per Cent.</i>
Pasteurised Milk	— —	— 74 %
Tuberculin Tested Milk	— —	— 12 %
Accredited Milk	— —	— 9 %
Undesignated Milk	— —	— 5 %

### *Hop Pickers Accommodation.\**

This subject has of necessity received but scant attention during the war years.

There appears to be a need for clarification as to the responsibility for conditions in the Hopfields ; the District Councils are the responsible Authorities. The County Councils (through their officials) can only exercise supervisory functions but representations may be made by them and the District Councils observations asked for on particular matters. Visits by the County officials have been undertaken for the last twenty years ; many representations have been made and followed up, with resultant improvements. When these visits began, there were no nursing facilities available in the hopfields. The County Council decided to encourage voluntary bodies to undertake this type of work and since that date both nursing and social work has been undertaken by the Salvation Army, the Church of England, and Roman Catholic Organisations who receive grants from the County Council.

In my report for 1944, I referred to a visit made by representatives of the National Union of Teachers to the Hopfields of Worcestershire and Herefordshire, whose report, since issued, is both interesting and constructive. In 1945 representatives of the Society of Medical Officers of Health were the visitors ; they had the opportunity of meeting representatives of the pickers and growers and discussing with them possible improvements.

Before the 1945 Hop-picking season, there was the end of one major war problem—the “ blackout.” In the hopfields, this added to the risk of fire and interfered with both lighting and ventilation and the general convenience of the pickers. There was no shortage of pickers in 1945, but camp attendants and latrine orderlies could not be obtained. The quarters occupied by pickers had but little attention during the war years as both labour and materials for repairs or replacements were difficult to obtain.

There were several cases of Diphtheria on one farm in 1945.

Mr. Owen (County Sanitary Officer) was able to get some interesting information through the courtesy of the Ministry of Food. In 1945, in the Martley Rural District alone, 7,756 persons came for the picking season ; 488 of this number were children under 5 years of age. The exact number of schoolchildren is not known but 1,384 persons were between 5 and 18 years of age.



The problem of the very young child is a real one. Those who are too young to pick hops soon get bored in the hopyards ; lack of occupation and proper supervision means they soon get into mischief and generally are discovered near the barracks, usually playing with pots, pans and the cooking " devils." The conditions in the hopfields at present are not well suited to these young babies. The danger of fire, the inadequate food storage arrangements, the crude and unaccustomed forms of sanitary provision and the risk of infection in overcrowded quarters, are adverse factors particularly affecting these very young children..

For the adults and older children, the first fact requiring recognition is that the period represents a holiday with change of occupation and surroundings. Tradition, rightly or wrongly, plays a part and associates the pilgrimage with improved health. It is known that unfortunately persons suffering from open tuberculosis come hop-picking in search of health but with resultant risk to others sharing their restricted quarters. The financial gain from such work, when trade is bad, is undoubtedly a factor, for the earnings in the hopfields help to purchase the winter clothes and boots for the family.

From the growers point of view, the period of picking is short, say 3 weeks on an average ; the wages now paid are considerable and no charge is made for accommodation. The very young children and non-picking visitors (particularly at the week-end) are not wanted and are in fact a nuisance which has to be endured under existing conditions.

The critic visiting the hopfields contrasts the wonderful machinery and general care taken in getting the hops with the crude provision made for the pickers. I am strongly of opinion that the betterment of conditions is not only a matter for the grower ; the brewing industry and the evacuating (as well as the receiving) authority should also play their parts. The substantial amount of national revenue derived from beer would indicate that the State ought to be interested in any concerted effort that might be made to deal with this long standing problem :—

(a) *Bye Laws* :—The model code was discussed at Worcester at a Conference in 1935. A picker now can claim 20 sq. ft. of floor space against 18 sq. ft. previously ; similarly, a child under 10 years of age has 10 sq. ft. instead of 9. Whilst a drastic overhaul of the Bye Laws is overdue, no satisfactory solution can be expected from this action alone. In the past more improvement has resulted from persuasion than force of law.

(b) Could not some Health Visitors and School Nurses from the areas where the pickers normally reside be persuaded to accompany their own people ? If teachers and nurses known to and respected by these pickers were available, I believe the behaviour of persons and the general conditions would be greatly improved, and that all kinds of innovations, which have been tried in the past and found unworkable, would probably be accepted if the help and support of the officers mentioned could be obtained.

- (c) Communal feeding has become a recognised feature during the War period. A well organised mobile canteen service ought to be possible and would be of great value in all the larger camps. The absence of proper food storage facilities is a general complaint in the Worcestershire camps.
- (d) A suggestion has been advanced that a holiday camp might be established in the Teme Valley, and used for schoolchildren throughout the summer months; and that from the month of August it should be made available for hop-pickers, who would be conveyed from this one large camp to the various hop farms. The proposal has obvious advantages, in that sanitary problems would be largely overcome—piped water supplies, sewerage, bathing facilities and communal feeding would all be possible; entertainments could be introduced, and supervision of all pickers, especially the young, could be properly organised. How would the picker respond? Would the organised regime of the camp prove as attractive as the “happy go lucky” system in force to-day. The growers have doubts as to the proposal in that the picking in a wet season may be in short spells between the showers, and the time taken in travelling backwards and forwards would make this impracticable; again, they question whether the free quarters the pickers have become accustomed to would be readily given up for quarters for which they would have to pay. One thing that is quite certain is that a well organised staff would be required, otherwise I am afraid the camp would not be suitable for occupation by holiday makers or school children in the following season.

The attention which is again being given to this difficult problem has encouraged me to try to put forward a picture of some of the problems. The solutions may be difficult and involve other counties as well as Worcestershire, and similar workers such as fruit and potato pickers, whose camps are controlled by similar Bye laws. There appears to be a recognition by the progressive grower that improvement not only could but should be made. Many quarters are now old and dilapidated and their replacement should be undertaken as early as is practicable. For that reason I hope that all parties interested in the problem will try to get concerted action which will provide a reasonable standard for the pickers. If they were made available, many redundant Army huts could usefully be placed in the Worcestershire hopfields for the better accommodation of the pickers.



ANNUAL REPORT OF THE CHIEF TUBERCULOSIS OFFICER  
FOR THE YEAR 1945.

*Notifications and Mortality.*

Table I. shows the numbers of notifications and deaths in each of the past five years.

TABLE I.

Year.	Pulmonary	Notifications		Pulmonary	Deaths	
		Non-Pulmonary	Total		Non-Pulmonary	Total
1941	291	75	366	168	51	219
1942	270	62	332	156	38	194
1943	309	77	386	156	47	203
1944	273	62	335	150	35	185
1945	255	45	300	157	29	186

Table IA is a graphic record of the notification and death rates per 1,000 of the population during the past twenty years. It will be observed that the gradual decline in these rates has been halted during the war years, and the figures for 1945 are once more at the 1939 level with a slight intervening rise. Whilst this set-back is regrettable, it might well have been much worse considering the general social upheaval that has taken place in recent years. There is good reason to hope that a period of economic recovery would result in a resumption of the decline of these rates.



# WORCESTERSHIRE.

Notification rates (—) and Death rates (.....) per 1000 of population.

1926—1945. All forms of Tuberculosis.

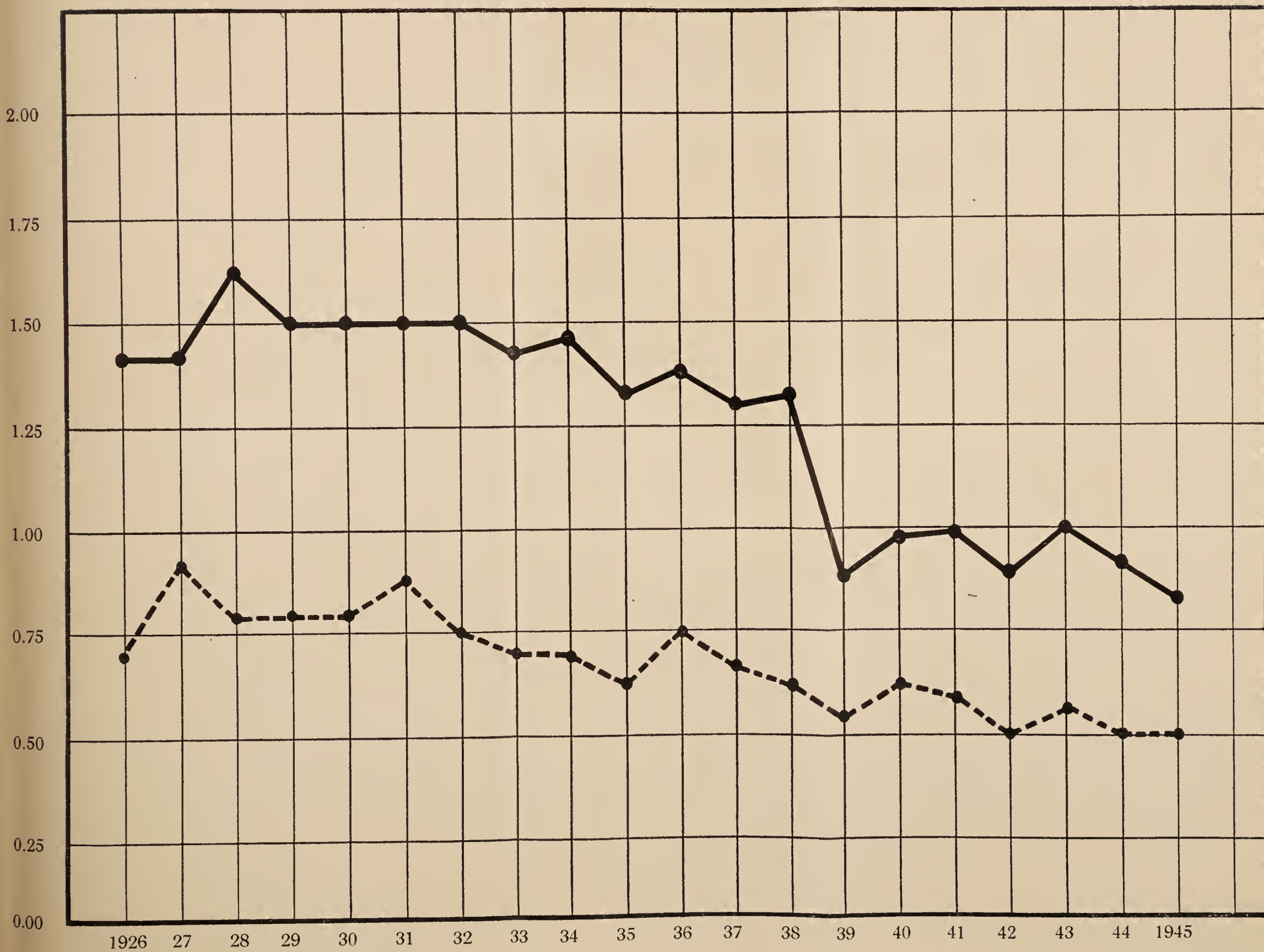




Table II. shows that the principal decreases in notifications, compared with 1944, occur in pulmonary male cases and in non-pulmonary cases of both sexes.

TABLE II.

*Notifications of Tuberculosis during 1945 showing Age Periods.*

Age periods :	under 1 yr.	1-4 (4 yrs.)	5-9 (5 yrs.)	10-14 (5 yrs.)	15-19 (5 yrs.)	20-24 (5 yrs.)	25-34 (10 yrs.)	35-44 (10 yrs.)	45-54 (10 yrs.)	55-64 (10 yrs.)	65 and up- wards	Total
Pulmonary—												
Males	—	2	2	—	8	21	40	31	21	11	3	139
Females	—	1	2	7	15	26	31	20	8	2	4	116
Non-Pulmonary—												
Males	—	3	6	3	4	1	1	2	1	—	—	21
Females	—	3	2	3	5	3	3	3	1	—	—	24
Totals	—	9	12	13	32	51	75	56	31	13	7	300



The most noteworthy feature of Table III. is the relatively low death rate in Oldbury compared with previous years, but further records must be awaited before it can be known whether this is a real index of improvement or a chance variation.

TABLE III.

Popu- lation	District.	Notif'n Rate per 1000	Death Rate per 1000	Total cases notified	Total Deaths
4376	Bewdley Borough -	0.46	0.46	2	2
24600	Bromsgrove Urban -	0.65	0.41	16	10
5675	Droitwich Borough -	1.05	0.88	6	5
11350	Evesham Borough -	0.88	0.53	10	6
37030	Halesowen Borough -	0.68	0.38	25	14
34670	Kidderminster Borough -	0.89	0.75	31	26
20980	Malvern Urban -	0.95	0.52	20	11
50040	Oldbury Borough -	1.02	0.58	51	29
25470	Redditch Urban -	0.90	0.63	23	16
33960	Stourbridge Borough -	0.62	0.59	21	20
8749	Stourport-on-Severn Urban -	1.03	0.80	9	7
23890	Bromsgrove Rural -	0.92	0.38	22	9
12070	Droitwich Rural -	0.41	0.41	5	5
15240	Evesham Rural -	0.52	0.52	8	8
9441	Kidderminster Rural -	0.85	0.32	8	3
11430	Martley Rural -	0.79	0.35	9	4
14160	Pershore Rural -	1.06	0.42	15	6
5359	Tenbury Rural -	1.12	0.00	6	-
12690	Upton-on-Severn Rural -	1.02	0.39	13	5
361180	Whole County -	0.81	0.51	300	186

*Dispensary Work* is summarised in Table IV.

TABLE IV.

RETURN SHOWING THE WORK OF DISPENSARIES DURING THE YEAR 1945.

Diagnosis.	Pulmonary.				Non-Pulmonary.				Total.			
	Adults.		Children.		Adults.		Children.		Adults.		Children.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
A.—NEW CASES examined during the year (excluding contacts) :												
(a) Definitely tuberculous .....	112	87	4	2	11	15	15	7	123	102	19	9
(b) Doubtfully tuberculous .....									134	117	34	24
(c) Non-tuberculous .....									267	162	37	32
												1060
B.—CONTACTS examined during the year :—												
(a) Definitely tuberculous .....	2	7	—	—	—	—	—	—	2	7	—	9
(b) Doubtfully tuberculous .....									2	4	2	8
(c) Non-tuberculous .....									34	77	70	256
												273
C.—CASES written off the Dispensary Register as												
(a) Recovered .....	3	12	3	2	1	2	4	5	4	14	7	7
(b) Diagnosis not confirmed or non-tuberculous (including cancellation of cases notified in error) .....												32
									382	291	123	913
D.—NUMBER OF PERSONS on Dispensary Register on December 31st :—												
(a) Definitely tuberculous .....	657	554	37	45	78	92	109	82	735	646	146	127
(b) Diagnosis not completed .....									348	312	106	104
												2524

**After-Care Committees.** The work of these Committees is still hampered by the shortage of houses. Good food and good housing are the two principal known factors in the prevention of tuberculosis. Provision of the former is not entirely within human control, but it is hoped that the expected rapid increase in the numbers of new houses will soon result in relief of the overcrowding that exists in many tuberculous homes, with consequent diminution of the chances of infection within the family.

### **Institutional Treatment.**

Beds are available for pulmonary cases at :—

Knightwick Sanatorium  
Hayley Green Hospital  
Hill Top Hospital  
Romsley Sanatorium  
Papworth Sanatorium

In addition, a few patients were helped towards payment of their fees at private sanatoria.

Non-pulmonary beds used during the year were at the following institutions.

Royal Cripples Hospital, Birmingham  
Newtown Hospital  
Worcester Royal Infirmary  
Other Institutions

For a few weeks during the latter part of the year thirty-five beds were closed at Knightwick Sanatorium owing to shortage of staff. These are now in full occupation once more.

The arrangements for thoracic surgery are unchanged. Mr. Holmes Sellors pays periodic visits to Knightwick Sanatorium for consultations and minor surgery. Cases requiring major operations, such as thoracoplasty, are transferred to his care at the London Chest Hospital.

The long waiting list is an enduring cause of anxiety. It has varied this year between 39 and 65. Steps are being taken to obtain more sanatorium accommodation. In conjunction with certain neighbouring local authorities it is hoped to acquire Brickbarns Hospital, Nr. Malvern, (formerly occupied by the United States Army,) for the treatment of cases of pulmonary tuberculosis, and plans for the adaptation of the hospital to this special purpose are in course of preparation. It is estimated that some 400 cases could comfortably be accommodated here, and the provisional allotment for Worcestershire is 150 beds. This is considered to be an adequate number, and it has therefore been decided not to proceed with the scheme to establish additional sanatorium beds at Hayley Green Hospital.

Increased sanatorium accommodation for pulmonary cases is the most pressing need in the County Tuberculosis service at present. On occasions, during the year under review, patients have had to wait five and six months for admission to sanatorium, even when all available beds were in full use. Many of these people cannot receive the nursing care and attention they need at home. Others require specialised treatment which cannot be carried out with full efficiency and safety except in a hospital or sanatorium. Added to this is the harassed anxiety of patients and relatives during the waiting period, the strain imposed on small households, often already overcrowded, and the constant risk of infection. The need is clear and urgent, and its speedy relief would save much suffering.

**X-ray Work.** The number of X-rays taken in 1945 was 2,228. There has been no change in the arrangements for this work.

Finally, we have had the misfortune, during several months of this year, to be deprived of the experienced judgment and vigorous direction of Dr. S. Deaner. His continued absence on sick leave has prevented him from preparing this report, and is greatly regretted by both patients and staff.

R. B. MAYFIELD

Acting Chief Tuberculosis Officer.

July 1946.